

KEARNEY

FIVE-YEAR HOUSING ACTION PLAN

PROJECT #2

EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS

Prepared for:

***NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT***

Prepared by:

HANNA:KEELAN ASSOCIATES, P.C.
Community Planning & Research
Lincoln, Nebraska
[*www.hannakeelan.com*](http://www.hannakeelan.com)

**With Assistance From The Grand Island, Hastings
and Kearney Community Team**

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KEARNEY , NEBRAKSA

FIVE-YEAR HOUSING ACTION PLAN

***EXTREMELY LOW INCOME PERSONS WITH A
SERIOUS MENTAL ILLNESS***

CONTRIBUTORS

Project Leadership

Honorable Mike Johanns
Governor, State of Nebraska

Nancy Montanez, Director, Department of Services
Nebraska Department of Health and Human Services

Dick Nelson, Director, Department of Regulation and Licensure
Nebraska Department of Health and Human Services

Richard Baier, Director
Nebraska Department of Economic Development

Gary Hamer
Nebraska Department of Economic Development
Community and Rural Development Division

Project Supervision

Jim Harvey
Nebraska Department of Health and Human Services
Office of Mental Health, Substance Abuse and Addiction Services

Lara Huskey
Nebraska Department of Economic Development
Community and Rural Development Division

GRAND ISLAND, HASTINGS AND KEARNEY COMMUNITY TEAM

Tam Babcock, Planning Director-Hastings

Dennis Wynne, Hastings Resource Center

- Assertive Community Treatment Team

John Ferrone, Private Consultant

Tom Schik, Catholic Social Services

Marge Buescher, Catholic Social Services

Sharon Witherspoon, Community Action Partnership of Mid-Nebraska

Kathleen Scroeder, Assertive Community Treatment - Team Leader

Jannelle Brock, Veteran's Administration Medical Center - Grand Island

Melinda Farritor, Region III Behavioral Health Services

Joe Heatherly, Veteran's Administration Medical Center - Lincoln

Tammie Blaha, Goodwill Industries

Nancy Casarez, Goodwill Industries

Heather Cline Ford, Central Nebraska Community Services

Cheryl Holcomb, Central Nebraska Community Services

Steve Glover, Kearney Jubilee Center

Becky Diercks, Community Action Partnership of Mid-Nebraska

Jackie Harpst, Community Action Partnership of Mid-Nebraska

Mike Zgud, Health and Human Services - Kearney

Shelia Carnahan, Family Resource Council

Linda Jensen, NAMI/UNMC College of Nursing

Merv Scheifert, NAMI/Habitat for Humanity

Dan Lynch, Kearney Police Department

Jan Hoyt, First Call For Help

Ed Butler, Community Action Partnership of Mid-Nebraska

Lori Phillips, Community Action Partnership of Mid-Nebraska

Robyn Schultheiss, Good Samaritan Hospital/Richard Young

Angela Clark, Good Samaritan Hospital/Richard Young

Sharon Fox, R.A.F.T., Inc.

Laurie Jameson, Kearney Housing Authority

Denise Zwiener/Donna Jarzynka, USDA Rural Development

Nikki Gausman, The SAFE Center

Pat Compton, Department of Economic Development

CONSULTANT

Hanna:Keelan Associates, P.C.

Community Planning and Research

Lincoln, Nebraska

www.hannakeelan.com

(402) 464-5383

SECTION 1
INTRODUCTION -
PURPOSE & PROCESS

SECTION 1

INTRODUCTION - PURPOSE & PROCESS

THE PURPOSE- FIVE-YEAR HOUSING ACTION PLAN

This **Five-Year Housing Action Plan** allows the Nebraska Department of Health and Human Services (NHHS) and Economic Development (NDED) to address planning issues related to the provision of ***safe and affordable housing for persons with a Serious Mental Illness (SMI) with extremely low incomes***, residing in the counties associated with the "**Primary**" Community of **Kearney, Nebraska**, as identified in the Statewide Consumer Housing Need Study, completed for NHHS and NDED, in September, 2003. This SMI housing action planning process examines and identifies the most appropriate housing types, for a targeted 125 persons with SMI, for a five-year period 2003 to 2008, as presented in the Statewide Consumer Study. This SMI Housing Action Plan is intended to be approved, by consensus, by pertinent, interested groups and individuals involved in the Kearney SMI housing market area, including the Region III Behavioral Health Services Governing Board, local officials, consumers and services providers.

THE PROCESS- FIVE-YEAR HOUSING ACTION PLAN

NHHS retained the services of Hanna:Keelan Associates, P.C., Lincoln, Nebraska, to prepare the Kearney, Five-Year Housing Action Plan, for persons with SMI. Hanna:Keelan was assisted by the **Grand Island, Hastings and Kearney Community Team**, comprised of representatives of federal, state and local leadership and housing funders and families, groups and individuals representing persons with SMI. The Action Plan was completed during the period of October, 2003 to July, 2004.

Hanna:Keelan was directed to study, analyze and determine the appropriate current and future affordable housing needs of persons with SMI, who are extremely low income, in the community of Kearney, Nebraska.

*process,
continued.....*

The Kearney SMI housing planning process included both a ***"qualitative" and "quantitative" research program***, in an effort to identify the types, number and location of **respite care/emergency shelter beds, group residential beds, residential units**, and housing programs, most appropriate, to enhance the quality of life for income qualified persons with SMI. Emphasis was placed on meeting the identified need for additional permanent housing with supportive services for persons who are extremely low income, with SMI issues.

*qualitative
process.....*

The ***qualitative research program*** included valuable input from the Region III Community Team. The Team met on four occasions, to discuss and assess the housing and services needs of persons with SMI.

*quantitative
process.....*

The ***quantitative research program*** included utilizing statistical data available in the Statewide Consumer Study. This data was obtained via the U.S. Census, CHAS Tables and the Nebraska Mental Health Estimation Project, prepared by the Western Interstate Commission for Higher Education, with the assistance of Charles Holzer and Associates, University of Texas Medical Branch. The projection of data was completed by Hanna:Keelan, utilizing standard formats for trends/projections analysis. Provider and consumer surveys, as well as provider and consumer focus group meetings, conducted for the Statewide Consumer Study, provided qualitative information which was utilized in finalizing the trend/projection analysis.

SMI Defined

For purpose of this SMI Housing Action Plan, the following definitions for persons with SMI were utilized. *(1) Persons 18+years of age, (2) who currently have, or have at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions).*

***SMI defined,
continued.....***

This includes mental disorders such as schizophrenia (295), mood disorders, including bipolar and major depression (296), delusional disorder (297.1), shared psychotic disorder (297.3), brief psychotic disorder (298.8), and psychotic disorder NOS (298.9). Excluded are DSM-VI "V" codes, substance use disorders, and developmental disorders, unless they occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment (i.e. basic daily living skills, instrumental living skills, functioning in social, family and vocational/educational contexts), which substantially interferes with or limits one or more major life activities. Note: Subsets of SMI include persons with a severe and persistent mental illness and persons disabled by severe and persistent mental illness.

**Statement of
Conditions**

Kearney, Nebraska, located along Interstate 80 in Central Nebraska, is the fifth largest community in the State, with an estimated 2004 population of 28,000.

In 2000, Kearney had an estimated 11,012 housing units, with 4.9 percent, or 541 units vacant, of which 47.6 percent or 258 were rental units. In 2004, an estimated 43.6 percent of the households are renters.

REVIEW OF STATEWIDE FINDINGS/ CONCLUSIONS

The **Statewide Consumer Housing Need Study** documented a five-year forecast of affordable housing needs of extremely low income persons with SMI. The Study predicted an **estimated 71,763 persons with SMI**, 19+ years of age, will reside in Nebraska by 2008. This will equal an estimated 5.5 percent of the total 19+ years of age population in the State. An estimated 88 percent of the **71,763 persons with SMI will reside in a household** (non-institutionalized/non-hospitalized) or be homeless.

Extremely low income SMI.....

The **Statewide Study** concentrated on adults with SMI, residing in a household or homeless, at 50 percent of the Area Median Income (AMI) or less, for ages 19 to 21 years, and 30 percent of AMI or less for 22+ years of age adults. **An estimated total of 17,030 SMI adults (3,788, 19 to 21 years and 13,242, 22+ years) will be within these income categories, by 2008.**

SMI with cost burden housing problems.....

An estimated 75 percent of the SMI adults, within the designated AMI categories, will experience cost burden/housing problems. This total is **12,763 SMI adults**; an estimated 2,698 at 19 to 21 years and 10,065 at 22+ years of age.

Target SMI Housing Need.....

A **target SMI housing** need was identified in the Statewide Consumer Housing Need Study, which included **3,926 bed/units**, by 2008 an estimated 31 percent of the total estimated income eligible SMI adults (12,763) having cost burden/housing problems. The Study also identified three specific housing types; crisis/respite care- emergency shelter, group residential and residential units.

***Target Housing
Types.....***

The Statewide Consumer Housing Need Study identified the following ***target housing types for persons with SMI.***

- ⇒ **Crisis/Respite Care Emergency Shelter** is a broad category which includes housing designed to provide temporary shelter and services to individuals with a serious mental illness, including homeless individuals. This includes respite care beds, meant to provide temporary, specialized care in an crisis situation or in the absence of a primary care giver, with services provided on a planned or unscheduled basis due to crisis or other events which arise. This category also includes emergency shelter beds for homeless individuals with a serious mental illness.

- ⇒ **Group Residential Programs** are facility-based, non-hospital or nursing facility programs for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community and provide skill building in community living skills, daily living skills, self medication management and other related psychiatric rehabilitation services as needed to meet individual consumer needs. A group residential facility involves living with a group of people with 24 hour staff.

- ⇒ **Residential Units** include independent living units, such as apartments or single room occupancy housing. Staff is not located on site, however community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community and social integration.

***Mental Health
Services.....***

The Statewide Consumer Study identified ***mental health services***, in addition to housing needs for persons with SMI. The following definitions and estimated costs apply to these services.

Mental Health Rehabilitation/Support/Recovery-

The estimated annual cost for Mental Health Rehabilitation/Support/Recovery utilizes an estimated average baseline cost of \$11,000 per unit/bed-occupant, per year. This would include costs associated with mental health rehabilitation and support services designed to promote recovery, such as day rehabilitation, community support, residential rehabilitation, Assertive Community Treatment (ACT), vocational support and related services.

- Occupants of crisis/respice care/emergency shelter beds would require an estimate average annual cost of \$12,700, per occupant, for mental health rehabilitation/supply/recovery services. Emergency shelter beds at \$6,000 per unit and Crisis/Respice Care Beds at \$39,500 per bed.
- Occupants of group residential beds would require an estimated average annual cost of \$36,000.
- Occupants of residential units would require an average annual cost of \$3,000.

Medical Treatment For SMI- The estimated annual cost for Medical Treatment for the Seriously Mentally Ill includes costs associated with medication expenses. An estimated average of \$5,800 per unit/bed-occupant, per year, was established; an estimated \$3,500 for the 19 to 21 years of age group and an estimated \$5,850 for the 22+ years of age group. All or part of the expenses for medical treatment services expenses may already be covered for a portion of the targeted population, by Medicaid or Medicare.

The definition and estimated costs for the identified target housing types and mental health services apply to all 34 "Primary" communities, in the State of Nebraska, including Kearney, Nebraska.

REGION III SMI HOUSING NEED

The Statewide Consumer Housing Need Study identified a five-year SMI housing need of **515 units/beds**, to be situated in the following Region III "**Primary**" communities; Grand Island, Kearney, Kearney, Holdrege, Aurora, Broken Bow and Ord. These communities are slated to provide housing for the SMI population in all of the 22 counties served by Region III. The City of Kearney was identified as the "**Primary**" community to provide **125 units/beds**, to serve the SMI consumers residing in Buffalo, Kearney and Sherman Counties.

SMI Housing & Economics- Kearney

By 2008, an estimated **43,200** residents, residing in Buffalo, Kearney and Sherman counties represented by the Community of Kearney, will be **19+ year of age**. An estimated **2,209** of this population will be diagnosed with a **serious mental illness**. An estimated 88 percent of this group, or **1,944; will reside in a household, or be homeless, or without permanent housing**.

Of the estimated 1,944, 19+ years of age, SMI residents, living in Buffalo, Kearney and Sherman Counties represented by Kearney, an estimated 24.9 percent, or **484 residents**, will meet the **extremely low - to low income** criteria, established in the Statewide Consumer Housing Need Study. An estimated 81.0 percent of this group, or **392**, will be **cost burdened, and/or have housing problems**.

Of the **392 SMI Residents** identified as the group most needing affordable housing, a total of **125 units/beds** have been **targeted** to meet an estimated 31.9 percent of this need.

- A. **By 2008, Buffalo, Kearney and Sherman Counties (Estimated) Population - 43,200, 19+ Years of Age**
- B. **Total SMI, 19+ Years of Age - 2,209 (5.1% (A))**
 - 19-21 Years of Age - 264
 - 22+ Years of Age - 1,945

*housing
economics,
continued.....*

- C. Total SMI, in Households, 19+ Years of Age - 1,944 (88.0% (B))**
 - 19-21 Years of Age - 214
 - 22+ Years of Age - 1,730
- D. Total SMI, in Households, AMI - 484 (24.9%(C))**
 - 19-21 Years of Age, 0% - 50% AMI - 109
 - 22+ Years of Age, 0% - 30% AMI - 375
- E. Total SMI, 19+ Years, in Households, AMI, Cost Burdened/Housing Problem (CB/HP) - 392 (81.0% (D))**
 - 19-21 Years of Age, 0% - 50% AMI-CB/HP - 82
 - 22+ Years of Age, 0% - 30% AMI-CB/HP - 310
- F. Total SMI Targeted Household Need - 125 (31.9% (E))**
 - 19-21 Years of Age, 0%- 50% AMI-CB/HP - 23
 - 22+ Years of Age, 0% - 30% AMI-CB/HP- 102

*Targeted Group/
Housing Type.....*

A total of 23 units/beds have been identified for the 19-21 years of age SMI population group, for Kearney, by 2008. This would include three housing types; crisis/respice care- emergency shelter beds, group residential and residential units. The 22+ years of age SMI group will require 102 units/beds, by 2008, in Grand Island, with residential units being the most needed type of housing, 79 units.

TARGETED GROUP/HOUSING TYPE

- **19-21 Year (0% - 50% AMI)**
 - Crisis/Respice Care/Emergency Shelter Beds - 3
 - Group Residential Beds - 9
 - Residential Units - 11
 - Subtotal 23
- **22+ Years (0% - 30% AMI)**
 - Crisis/Respice Care/Emergency Shelter Beds - 6
 - Group Residential Beds - 17
 - Residential Units - 79
 - Subtotal 102
- **TOTAL (UNITS/BEDS) - 125**

***Estimated Costs-
Housing and
Services.....***

The following identifies the estimated cost to both construct and operate the 125 SMI beds/units in Kearney, and the estimated costs associated with providing both mental health services and medical treatment to this group of consumers.

Target Household Need - Capacity Building, Land Requirements, Development Costs, Operating Expenses - Kearney

1. Housing Capacity Building Costs.....\$9,000
2. Est. Land Requirements..... 15.27 acres
3. Est. Development Costs.....\$9,842,000
4. Est. Annual Operating Expenses..... \$684,500

Target Household Need - Mental Health Services and Medical Costs - Kearney

5. Est. Annual Cost - Mental Health
Rehabilitation/Support/Recovery...\$1,382,281
6. Est. Annual Cost - Medical Treatment
For SMI..... \$677,200

Kearney is located less than 60 miles from the Hastings Regional Center. Due to the passage of LB 1083, this Regional Center will eventually be closed. The Hastings Regional Center has 93 beds. The closing of the Regional Center should impact the SMI housing need in Kearney.

**KEARNEY
AFFORDABLE
HOUSING SUPPLY**

The Community of Kearney has an excellent supply of modern, affordable housing for persons and families of low- to moderate income. The majority of these affordable housing programs are funded by HUD, U.S.D.A. Rural Development and the Low Income Housing Tax Credit Program. Kearney has an estimated 797 units of affordable housing, in 19 separate housing programs, funded by these governmental groups/programs, with estimated sustained occupancy rates of between 92 and 100 percent.

***affordable housing
supply,
continued.....***

The Kearney Housing Authority provides Section 8 Vouchers to qualified individuals and families that can then use the Vouchers to pay rent at any Section 8 approved apartment. The Housing Authority receives an annual allotment of 103 Section 8 Vouchers. Last year the Kearney Housing Authority applied for an additional allotment of 30 Section 8 Vouchers to be used specifically for persons with disabilities, however the application was not funded. Currently the waiting list for a Section 8 Voucher is 1.5 years, with approximately 300 people on the waiting list.

Affordable housing for persons with SMI, in Kearney, includes the following:

Residential Units:

- ♦ Great Plains Independent Housing - 8 Units
- ♦ Greater Nebraska Independent Housing - 4 Units

Tenants at the above referenced housing programs are limited to paying 30 percent of their income for rent and related housing expenses.

Group Residential:

- ♦ None

Crisis/Respite Care/Emergency Shelter:

- ♦ None

The Great Plains Chapter of the Paralyzed Veterans own and operates a 10 unit HUD facility for persons with a mobility disability.

Mid-Nebraska Association for Developmental Housing Mental Health Services own and operates a four unit housing facility for persons with a developmental disability.

***local housing
costs.....***

Perhaps the primary indicator of housing costs, in a community, for persons/families at 50 percent of the area median income or less, are the current Fair Market Rents (FMRs) provided by HUD and administered by local Housing Authorities. The following table identifies the current FMRs for the respective Counties for the eight communities for which Five-Year Action Plans were completed, as Project #2 of SMI Housing Needs Assessment. Tenants utilizing rental assistance programs associated with FMRs would pay no more than 30 percent of their income for rent and utilities. The difference between what the tenant can pay, at 30 percent of their incomes, and the allowable FMR is covered by rental assistance.

FAIR MARKET RENTS AT 30 PERCENT OF INCOME					
<u>County</u>	<u>Efficiency</u>	<u>1-Bedroom</u>	<u>2-Bedroom</u>	<u>3-Bedroom</u>	<u>4-Bedroom</u>
Hall: (Grand Island)	\$304	\$400	\$533	\$701	\$786
Adams: (Hastings)	\$264	\$354	\$467	\$586	\$701
Buffalo: (Kearney)	\$273	\$395	\$495	\$617	\$747
Madison: (Norfolk)	\$259	\$341	\$451	\$584	\$712
Platte: (Columbus)	\$253	\$326	\$416	\$580	\$605
Wayne: (Wayne)	\$289	\$326	\$416	\$532	\$630
Lancaster: (Lincoln)	\$337	\$431	\$569	\$755	\$882
Douglas: (Omaha)	\$362	\$496	\$626	\$821	\$922
Source: www.huduser.org , 2004					

SECTION 2
KEARNEY COMMUNITY
PARTICIPATION PROCESS

SECTION 2

KEARNEY COMMUNITY PARTICIPATION PROCESS

INTRODUCTION

The development of the Kearney Five-Year Housing Action Plan, for persons with SMI, included the participation of the Grand Island, Kearney and Kearney Community Team. Both consumers and community support workers, associated with persons with SMI, participated in the process. The Community Team was comprised of 33 persons, the majority were professionals representing local government, local housing interests and federal, state and local housing funders.

community team.....

The Community Team met for four, four-hour sessions to discuss affordable housing needs, options and opportunities, in Kearney, for persons with SMI. The four meeting dates were October 15, 2003, October 29, 2003, December 10, 2003 and January 22, 2004.

COMMUNITY TEAM INPUT

The following summarizes the Community Team's input regarding SMI housing and services needs in Kearney, Nebraska.

- The “not in my backyard” attitude exists in Kearney;
- In order to downplay negative experiences/attitudes from the community, we must have community input and involvement during this process - they must be aware of what is going on;
- Providers and consumers need to be open about where housing is, to prevent negativity from other citizens - citizens are more likely to accept it if they are notified and have time to adjust;
- There is a need for more capacity in the community support and social work areas;

***community
team input,
continued.....***

- Lack of adequate income is a huge issue - housing costs are a majority of the consumer's income;
- One third of people at Kearney Manor are under age 60;
- Medication supervision/distribution assistance is a huge need, especially with independent living housing;
- Psychology nursing students could assist in providing services (such as medication supervision, etc.);
- Section 8 Program - 103 vouchers, with 269 on the waiting list;
- Nebraska Respite Association - provides respite care and income guidelines are somewhat lenient;
- Youth are falling through the cracks;
- Agency collaboration has been good;
- More of a voice is needed for population with SMI;
- Kearney needs to make this be a local issue - a community based issue;
- Housing must include services that teach independent living skills, socialization opportunities, crisis counseling, medication management and peer support;
- RIDE - current public transportation, includes 10 buses and runs Monday-Friday, from 6:00am to 6:00pm;
- People can get cab passes at a discounted price;
- Neighborhoods must be educated;
- Goodwill does a good job with employment assistance;

*community
team input,
continued.....*

- The local Area Agency on Aging assists with services for SMI individuals 65+ years.

Current Housing Supply:

- There is little available housing in Kearney for persons with SMI;
- People with SMI are placed in Richard Young Hospital for crisis situations and, after that, are shipped out of the community because there is nowhere for them to go;
- Landlords are becoming more and more careful about who they rent to - they are now requiring background checks and credit checks - often housing is at a substandard level;
- The older population with SMI usually has to go to an assisted living facility, but if a Medicaid bed isn't available, they must be sent to a group home in a different community.

Needed Housing:

- Village Model with support on-site, with socialization opportunities;
- A supervised group home, located close/next to Richard Young Hospital, perhaps with separate sections for genders would be appropriate;
- Need for crisis beds and shelter beds - especially with the possible closing of the Regional Center;
- Housing should be placed near mental health services and other services, such as grocery stores;
- There is some vacant land near Richard Young Hospital. Habitat for Humanity could be involved in some of the construction/rehabilitation (although they usually try to stay away from rehabilitation);

*community
team input,
continued.....*

- People with SMI want housing where they can have their own room;
- A Village Model which follows the Northridge Retirement Community Model, would be ideal- different levels of care for different levels of needs, nursing staff on-site, nice appearance, community feel, on-site psychiatrists, something to address dual diagnosis, etc.;
- The Village Model would be great, but would also need some site located in the community;
- Families with SMI members must be located near schools;
- In addition, some type of day program or day activity/support is needed;
- Group Home Residential situation for older adults;
- Smaller communities in the area could benefit from some scattered site housing, however transportation is an issue and all support services are located in Kearney.

Five-Year SMI Housing Action Plan

- Establish a Housing Development Coordinator to work full-time on the development of all housing types in the City of Kearney, especially for special needs populations;
- Develop an Education/Marketing program to educate the residents of Kearney on the need for additional housing for special needs persons, especially SMI persons.
- Strive to alleviate the concerns of preconceived notions of neighborhoods with strong “not in my neighborhood attitudes”;
- Involve the private sector in the development of housing for persons with SMI.;

*community
team input,
continued.....*

- Develop additional group homes, with emphasis on the 19 to 30 year old age group. Provide assistance with daily living skills to be able to transition into an independent living household;
- Start with a full array of housing types based on successful models;
- Build independent living units - Kearney must insure that if people have housing needs, that there is sound, decent affordable housing supply available in Kearney;
- The City must stop sending our residents to other communities, for the reason that we currently don't have appropriate places for people to live;
- Insure that all housing developed for persons with SMI must have ties to supportive services as a complete package.

PRIORITIES

- **Rental assistance for all SMI housing types;**
- **“Village Model”, with all components of services;**
- **Supervised group residential facilities;**
- **Respite crisis/Shelter beds;**
- **SMI housing in close proximity to shopping and services;**
- **Land for SMI housing, preferably in established neighborhoods;**
- **Single family homes for families with a member with SMI;**
- **Day program for persons with SMI, with ties to affordable housing;**
- **SMI housing for older adults.**

GENERAL THEMES

The following identifies some **General Themes** regarding the overall housing and supportive services needs of the SMI population, in Kearney, as per the community participation process.

1. More housing options need to be made available for persons with SMI.
2. New SMI housing options should include both group residential beds and residential units.
3. Funding for SMI treatment and medical services need to match new housing programs.
4. SMI consumers need to have their own bedroom, be that in a group residential or residential (independent living).
5. New affordable housing options should first be available to persons with SMI that are currently inappropriately housed in housing either, or both too expensive or having condition problems.
6. Local non-profit, as well for-profit, governmental and quasi-governmental groups either/or both in the housing business or providing services for persons with SMI should participate/sponsor new SMI housing developments.
7. Consumers with SMI need additional employment options, with training. An effort should be made to double the current number of employed consumers in the next five years, local business, government and services providers should all participate in this effort.
8. Transportation options need to be increased, in Kearney, for persons with SMI. The availability of land, for new housing programs, not in the core area of Kearney, will dictate having a dependable means of transportation.

*general themes,
continued.....*

9. The community of Kearney should consider the development of a housing program utilizing the **"Village Concept"**; combining residential living, employment training, transportation and community information.
10. Rental Assistance will be needed to improve overall affordability standing of persons with SMI, in Kearney.
11. A mix of rental assistance and other available housing funds, ie. Low Income Housing Tax Credits (LIHTCs), to increase the numbers of consumers served.
12. Pursue the securment of the annual HUD 811 funds for SMI housing in Kearney.
13. Pursue HUD 202 programs for older adults with SMI providers in Kearney.

SECTION 3
FIVE-YEAR SMI HOUSING
ACTION PLAN

SECTION 3

FIVE-YEAR SMI HOUSING ACTION PLAN

INTRODUCTION

The following **Action Plan** details a five-year approach to meeting the housing needs of extremely low income persons with SMI, residing in the three Nebraska counties represented by the "**Primary**" Community of **Kearney**. The total units proposed exceed the targeted 125 target units/beds, discussed previously in this document. A total of five individual SMI housing programs, if all developed, would accommodate an estimated 156 consumers.

MATRIX-SMI HOUSING PROGRAM PRIORITIES

The **Matrix** provided in this Action Plan list ***Housing Program Priorities***, as prepared by Hanna:Keelan Associates, with input of the Grand Island, Kearney and Kearney Community Team. Listed in the Matrix are individual housing programs, the purpose, and in some instances the location of the programs, potential coordination and funding sources for each program. Each housing program includes an estimated land requirement and budget for both development and mental health support and medical treatment.

The six proposed SMI Housing Program Priorities are profiled as followed:

1. Crisis/Respite Care/ Emergency Shelter Beds - for persons with SMI, Kearney.
2. Scattered Site Group Homes- Minden, Loup City and Kearney.
3. Independent Living SMI Apartments- Loup City, Minden and Kearney.
4. Integrate SMI Apartments- Kearney and Minden.
5. Assisted Living Facility - Seniors with SMI- Kearney.

**PROPOSED
COORDINATION
of SMI
HOUSING PROGRAM**

This Five-Year SMI Housing Action Plan identifies **several groups/organizations to coordinate** proposed housing programs, in Kearney, for persons with SMI. **Goodwill Industries, Community Action Partnerships of Mid-Nebraska, South Central Behavioral Health Services, and the Housing Authority**, along with several local SMI services providers, with affordable housing experience should take a lead role in facilitating development of the SMI housing, based upon their eligibility, and thus, accessibility to all major housing funding sources available.

**FUNDING
of SMI
HOUSING**

Local non-profit groups, such as Goodwill Industries, Community Action Partnerships of Mid-Nebraska and the South Central Behavioral Health Services, as well as the Housing Authority are eligible candidates for the HUD Section 202 and 811 programs; two ideal programs to fund special populations.

The Community of Kearney should, first, designate a local organization, or team of professionals to monitor and insure the implementation of this SMI Housing Action Plan.

Several state and federal programs exist to fund housing for persons with SMI. The HUD Section 202 and 811 programs provide a "capital advance" to construct a housing program and an "operational subsidy" to assist in funding the operational costs of a housing program, for persons with SMI, to an eligible non-profit group.

HOME and Nebraska Affordable Housing Trust Funds provide "gap" financing, to assist in financing housing for special populations. These two programs are administrated by the Nebraska Department of Economic Development (NDED).

*funding
of SMI
housing,
continued.....*

The **Nebraska Low-income Housing Tax Credits Program**, sponsored and administrated by the Nebraska Investment Finance Authority, accepts applications for housing programs to serve special populations. The **Midwest Housing Equity Group** has expressed interest in purchasing the tax credits awarded housing programs for persons with SMI.

The **Community Development Block Grant Program**, also administrated by NDED, is available for housing rehabilitation programs, which could benefit existing housing stock occupied by persons with SMI.

The **Federal Home Loan Bank FannieMae**, also have funding products capable of total or partial funding of SMI housing program.

Locally, the City of Kearney should consider the use of **Tax Increment Financing**, to assist in financing land purchases, development costs and public improvements associated with the development of affordable housing for person's with SMI.

COMMUNITY & FUNDING STRATEGIES

The present State Administration has recently spent considerable amounts of both time and resources addressing the needs of persons with SMI. The “Nebraska Behavioral Health Services Act” (LB1083) was passed by the Legislature (Yes-44, No-2, Not Voting-3) and signed into law by Governor Mike Johanns, on April 14, 2004. LB1083 is the Governor’s major proposal to improve the availability and accessiblilty of high-quality community-based services for people impacted by behavioral health issues, including those who have or are at risk for mental illnesses and their families. The Behavioral Health Reform includes the closure of two of the three Nebraska State Psychiatric Hospitals (Hastings and Norfolk Regional Centers) and creates more community-based programs for treating behavioral health disorders (mental health and substance abuse).

***Community
& Funding
Strategies,
continued.....***

The recently completed Statewide Consumer Housing Need Study focused on the need for affordable and appropriate housing for extremely low-income persons with SMI. Project #2, of this SMI housing planning process, addressed, specifically, a Five-Year Action Plan for developing housing for persons with SMI in eight Nebraska communities. These Action Plans, to be successful, will require the implementation of both community, capacity and funding strategies, complementary to the cause of SMI housing. The following should be considered.

funding.....

- Insure the continued set-a-side of the Nebraska Affordable Housing Trust Fund to provide both rental assistance and “gap” financing for the development of SMI housing.
- Other State funding programs, such as HOME Funds, Community Development Block Grant Funds and Low-Income Housing Tax Credits should have an annual set-a-side, specifically, for financing housing for persons with SMI.
- Funding efforts by local Housing Authorities to include a set-a-side for or a priority to persons with SMI.

***community
strategies.....***

- Consider residential and supportive services land availability when conducting community comprehensive planning and zoning.
- Consider available local Community Development Block Grant reuse funds to assist in financing the development of SMI housing.
- Utilize tax increment financing in the development of housing for persons with SMI.
- Utilize a “community team” approach, comprised of individuals from all sectors of the community in the planning and development of both supportive services and housing for persons with SMI.

***capacity
building.....***

- Strive to build the capacity of local and regional groups to understand and participate in developing housing for persons with SMI. This would include, but not be limited to private developers, housing authorities, community Housing Development Organizations, Community Development Corporations and Economic Development Districts, as well as local SMI service providers, including church organizations.

